

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

| | | | |
|--------------|----------------------------|---------------------------|--------------|
| Applicant : | Robert Jewett et al. | Art Unit : | 3679 |
| Serial No. : | 10/767,312 | Examiner : | David Bochna |
| Filed : | January 29, 2004 | Confirmation No.: | 5488 |
| | | Notice of Allowance Date: | 8/1/06 |
| Title : | FITTINGS AND METHOD OF USE | | |

MAIL STOP ISSUE FEE

Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450

RESPONSE TO NOTICE OF ALLOWANCE

In response to the Notice of Allowance mailed August 1, 2006, enclosed are a completed issue fee transmittal form PTOL-85b and a check for \$1000 for the required issue fee and publication fee.

Please apply any additional charges or credits to our Deposit Account No. 06-1050.

Respectfully submitted,

Date: 12/6/06

Denis G. Maloney
Reg. No. 29,670

Fish & Richardson P.C.
225 Franklin Street
Boston, MA 02110
Telephone: (617) 542-5070
Facsimile: (617) 542-8906

PART B -- FEE(S) TRANSMITTAL

Complete and send this form, together with applicable fee(s), to: **Mail**

Mail Stop ISSUE FEE
Commissioner for Patents
P.O. Box 1450
Alexandria, Virginia 22313-1450
or Fax (571) 273-2885

INSTRUCTIONS: This form should be used for transmitting the ISSUE FEE and PUBLICATION FEE (if required). Blocks 1 through 4 should be completed where appropriate. All further correspondence including the Patent, advance orders and notification of maintenance fees will be mailed to the current correspondence address as indicated unless corrected below or directed otherwise in Block 1, by (a) specifying a new correspondence address; and/or (b) indicating a separate "FEE ADDRESS" for maintenance fee notifications.

(CURRENT CORRESPONDENCE ADDRESSES (Do not Legibly mark up with any corrections or use Block 1))

26161 7590 08/01/2006

FISH & RICHARDSON P.C.
P.O. Box 1022
Minneapolis, MN 55440-1022

| APPLICATION NO. | FILING DATE | FIRST NAMED INVENTOR | ATTORNEY DOCKET NO. | CONFIRMATION NO. |
|-----------------|-------------|----------------------|---------------------|------------------|
| 10/767,312 | 01/29/2004 | Robert Jewett | 16795-001001 | 5488 |

TITLE OF INVENTION: FITTINGS AND METHOD OF USE

| APPL. TYPE | SMALL ENTITY | ISSUE FEE | PUBLICATION FEE | TOTAL FEES DUE | DATE DUE |
|----------------|--------------|-----------|-----------------|----------------|------------|
| nonprovisional | YES | \$700 | \$300 | \$1000 | 11/01/2006 |

| EXAMINER | ART UNIT | CLASS-SUBCLASSES |
|---------------|----------|------------------|
| BOCHNA, DAVID | 3679 | 285-141100 |

1. Change of correspondence address or indication of "Fee Address" (37 CFR 1.363).

- ☐ Change of correspondence address (or Change of Correspondence Address form FTO/363/22) attached.
☐ "Fee Address" indication for "Fee Address" Indication form FTO/363/22 Rev. 03-02 or more recent) attached. Use of a Customer Number is required.

2. For printing on the patent front page, list (1) the names of up to 3 registered patent attorneys or agents OR, alternatively, (2) the name of a single firm (having as a member a registered attorney or agent) and the names of up to 2 registered patent attorneys or agents. If no name is listed, no name will be printed.

1. **Fish & Richardson P.C.**
 2. _____
 3. _____

3. ASSIGNEE NAME AND RESIDENCE DATA TO BE PRINTED ON THE PATENT (print or type)

PLEASE NOTE: Unless an assignee is identified below, no assignee data will appear on the patent. Inclusion of assignee data is only appropriate when an assignment has been previously submitted to the USPTO or is being submitted under separate cover. Completion of this form is NOT a substitute for filing an assignment.

(A) NAME OF ASSIGNEE (B) RESIDENCE (CITY AND STATE OR COUNTRY)

Terracon Corporation

Holliston, MA

Please check the appropriate assignee category or categories (will not be printed on the patent): ☐ individual ☒ corporation or other private group entity ☐ government

4a. The following fee(s) are enclosed:

- ☒ Issue Fee
☒ Publication Fee (No small entity discount permitted)
☒ Advance Order - # of Copies 10

4b. Payment of Fee(s):

- ☒ A check in the amount of the fee(s) is enclosed.
☐ Payment by credit card. Form PTO-2038 is attached.
☒ The Director is hereby authorized to charge the required fee(s), or credit any overpayment, to Deposit Account Number 06-1050 (enclose an extra copy of this form).

5. Change in Entity Status (from status indicated above)

- ☐ Applicant claims SMALL ENTITY status. See 37 CFR 1.27. ☐ Applicant is no longer claiming SMALL ENTITY status. See 37 CFR 1.27(g)(2).

The Director of the USPTO is requested to apply the Issue Fee and Publication Fee (if any) or to re-apply any previously paid issue fee to the application identified above. NOTE: The issue Fee and Publication Fee (if required) will not be accepted from anyone other than the applicant, a registered agent or, or the assignee or other party in interest as shown by the records of the United States Patent and Trademark Office.

(Authorized Signature)

[Signature]

(Date)

10/6/06

Typed or Printed Name

Dennis G. Maloney

Registration No. 29,670

This collection of information is required by 37 CFR 1.311. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is submitted to make 12 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, Virginia 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, Virginia 22313-1450.

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number.

TRANSMIT THIS FORM WITH FEE(S)